

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 19, 2007 8:00 am
Secretary of State**

04-19-2007 90178 011 ***150.00

DOCUMENT # P01000117716		
1. Entity Name CHANNEL COMPONENTS, INC.		

Principal Place of Business 3545 TYRONE BLVD. NORTH STE 4 SAINT PETERSBURG, FL 33710	Mailing Address 3545 TYRONE BLVD. NORTH STE 4 SAINT PETERSBURG, FL 33710
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2. Principal Place of Business - No P.O. Box # 1911 5th Avenue South	3. Mailing Address 1911 5th Avenue South
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State St. Petersburg, FL	City & State St. Petersburg, FL
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Zip 33712	Country USA	Zip 33712	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
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AMES, CAANAN 7810 2ND AVENUE SOUTH ST. PETERSBURG, FL 33710	Name Ames, Caanan		
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Street Address (P.O. Box Number is Not Acceptable)			
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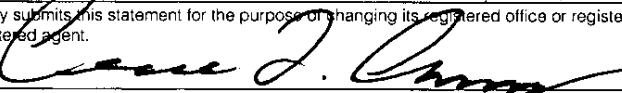
1911 5th Avenue South			
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City St. Petersburg			
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FL 33712			
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Zip Code			
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/16/07

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP AMES, CAANAN 3545 TYRONE BLVD. NORTH # 4 SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWDER, CHRISTOPHER T 3545 TYRONE BLVD. N. # 4 SAINT PETERSBURG, FL 33710	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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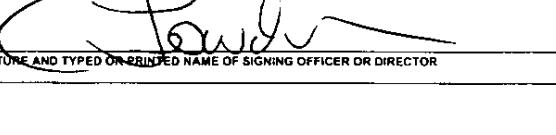
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
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SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 727-345-3144